PATENT APPLICATION FEE DETERMINATION RECORD Efféctive October 1, 2003

Application or Docket Number

10718 300

Effective October 1, 2003											00,	
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								YTITY	OR	OTHER SMALL	THAN ENTITY
Ţ	OTAL CLAIM	60				ŀ	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			60 minus 20=		• 40			X\$ 9=		OR	·X\$18=	720.
┝	DEPENDĖNT (L <u></u>		φ.		X43=		OR	X86=	• •	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than				zero, enter "0" in column 2				TOTAL		OR	TOTAL	1490.
:		(Column 1)	MENDED - PART II (Column 2) ((Column 3)	<u>.</u>	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENTA	10/31/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	. ADDI- TIONAL FEE
NON	Total	. 54	Minus	- 6	0	= -		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	PENDENT	S CLAIM			X43=		OR	X86=	
	TINOT FRES	ENTATION OF M	OCTIPLE DE	PENDENT	CEAIM	<u> </u>	,	+145=	·	OR	+290=	
		(Column 1)		(Colum	2)	(Column 3)		TOTAL ADDIT. FEE	<u> </u>	OR	TOTAL ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO	ST ER USLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		<u> </u>		X43=		OR	X86=	
	FIRST PHESE	NTATION OF ML	JLTIPLE DEI	PENDENT	CLAIM		1	+145=		OR	+290=	
							,	TOTAL ODIT. FEE		OR ,	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	n 2)	(Column 3)			•			
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
	Total	•	Minus .	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		-		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT (CLAIM					` ~}		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously, Paid For" IN THIS SPACE is less than 20, enter "20. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nder Previously Paid ber Previously Paid					loun	d in the appr	opriate box	in calu	mn I.	